

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number	
County: <u>Harvey</u>		NE 1/4 NE 1/4 NW 1/4		2		T 24 S		R 2 <u>W</u>	
Distance and direction from nearest town or city street address of well if located within city? Within the city of <u>Halstead</u> , Called Well # <u>7</u>									
2 WATER WELL OWNER:		<u>Halstead, City of</u> <u>City Hall</u> RR#, St. Address, Box #: <u>303 Main</u> City, State, ZIP Code: <u>Halstead, KS 67056</u>							
		Board of Agriculture, Division of Water Resources Application Number: <u>1496</u>							
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>153'</u> (completed depth) ft. ELEVATION: <u>unknown</u> ft.							
		Depth(s) Groundwater Encountered 1. <u>21'</u> FGL ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL <u>21'</u> ft. below land surface measured on mo/day/yr _____ Pump test data: Well water was _____ ft. after _____ hours pumping <u>800</u> gpm Yield <u>800</u> gpm: Well water was <u>77'</u> ft. after <u>24</u> hours pumping <u>800</u> gpm Bore Hole Diameter: <u>42</u> in. to <u>156</u> ft., and _____ in. to _____ ft. WELL WATER TO BE USED AS: <u>5</u> Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well _____ Was a chemical/bacteriological sample submitted to Department? Yes _____ No _____; If yes, mo/day/yr sample was submitted * From test hole this location Water Well Disinfected? Yes <u>X</u> No _____							
		5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued _____ Clamped _____ 2 PVC 4 ABS 6 Asbestos-Cement 9 Other (specify below) Welded <u>X</u> 7 Fiberglass Threaded _____ Blank casing diameter <u>16</u> in. to <u>125</u> ft., Dia. <u>16</u> in. to <u>153</u> ft., Dia. _____ in. to _____ ft. Casing height above land surface <u>42</u> in., weight <u>62.58</u> lbs./ft. Wall thickness or gauge No. <u>375</u>							
		TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 10 Asbestos-cement 2 Brass 4 Galvanized steel 6 Concrete tile 8 RMP (SR) 11 Other (specify) _____ 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot .60 3 Mill slot 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Drilled holes 7 Torch cut 10 Other (specify) _____							
		SCREEN-PERFORATED INTERVALS: From <u>125</u> ft. to <u>150</u> FGL ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft. GRAVEL PACK INTERVALS: From <u>120</u> ft. to <u>156</u> ft., From _____ ft. to _____ ft. From _____ ft. to _____ ft., From _____ ft. to _____ ft.							
		6 GROUT MATERIAL: <u>1</u> Neat cement <u>2</u> Cement grout <u>3</u> Sand Bentonite <u>4</u> Other Bentonite hole plug _____ Grout Intervals: From <u>0</u> ft. to <u>20</u> ft., From <u>20</u> ft. to <u>117</u> ft., From <u>117</u> ft. to <u>120</u> ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below) _____ 13 Insecticide storage _____ Direction from well? <u>EAST</u> How many feet? <u>23</u>							
FROM		TO		LITHOLOGIC LOG		FROM		TO	
0		2		Topsoil					
2		14		Clay, Brown					
14		26		Clay, grayish black					
26		41		Sand & Gravel, very fine to fine					
41		46		Clay, Green					
46		56		Sand & Gravel, very fine to fine lots of clay streaks					
56		76		Clay, tan, sticky					
76		81		Clay, sandy, sticky					
81		117		Sand & Gravel, very fine to fine clay streak at 99' and 105'					
117		125		Clay, sandy, green and gray					
125		150		Sand & Gravel very fine to fine					
150		156		Shale, Black and gray					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>8/23/89</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>185</u> This Water Well Record was completed on (mo/day/yr) <u>11-9-89</u> under the business name of <u>Clarke Well & Equipment, Inc.</u> by (signature) <u>Clarke Well & Equipment, Inc.</u>									